

Demographics

First Name

Middle Name

Last Name

Medical record number

SSN (last 5 digits)

ST= Not Assigned

Undisclosed

Health Insurance Claim Number (HICN):

Enter the HICN issued by CMS.

ST= Unknown

Date of Birth

MM/DD/YYYY

Gender

Male

Female

Unspecified

Ethnicity: Hispanic or Latino

Yes

No

Unknown

Race

Enter all race choices that apply from the list below

American Indian or Alaska Native

Asian

African-American or Black

Hawaiian or other Pacific Islander

White

Unknown / Undisclosed

Other / none of the above

Marital Status

Single

Married

Domestic Partners

Divorced/Separated

Widowed

Unknown

Highest education level

None

Grade school (0-8)

High school (9-12)

Attended college/technical school

Associate/bachelor degree

Post-college graduate degree

N/A (< 5 yrs old)

Unknown

Working for income

Yes

No

Unknown

If yes:

- Working Full Time
- Working Part Time due to Demands of Treatment
- Working Part Time due to Disability
- Working Part Time due to Insurance Conflict
- Working Part Time due to Inability to Find Full Time Work
- Working Part Time due to Patient Choice
- Working Part Time Reason Unknown
- Working, Part Time vs. Full Time Unknown

If No, Not Working Due To:

- Disability
- Demands of Treatment
- Insurance Conflict
- Inability to Find Work
- Patient Choice - Homemaker
- Patient Choice - Student Full Time/Part Time
- Patient Choice - Retired
- Patient Choice - Other
- Not Applicable - Hospitalized
- Unknown

Is patient involved in a VAD related study?

- Yes
- No
- Unknown

What is the name of the study?

Is this an industry sponsored post approval study?

- Yes
- No
- Unknown